An Assessment of the Alaska Injury Surveillance and Prevention Program

FINAL REPORT

Assessment conducted
July 21-25, 2003

by the
State and Territorial
Injury Prevention Directors Association

BACKGROUND

Injury is the leading cause of death for persons in the age group one through 44 as well as the most common cause of hospitalizations for persons under the age of 40. The financial costs of injuries are staggering - injuries cost billions of dollars in health care and social support resources. In 1990, for example, the lifetime costs of all injuries were estimated at $215 billion annually. These estimates do not include the emotional burden resulting from the loss of a child or loved one, or the toll of severe disability on the injured person and his or her family.

Unlike some other public health prevention activities where monitoring, intervention and evaluation all occur within the health sector (e.g. immunization against childhood diseases), injury prevention may involve education, social services, law enforcement, corrections, parole, probation, emergency medical services, traffic safety, chronic disease prevention, and many other sectors in various components of its program, not to mention the important role of community-based coalitions and organizations. In the U.S., the primary health jurisdictions are the states, and local entities where such authority may be delegated by state law. Thus it is up to the states, often with guidance, technical assistance, and financial support from the federal government but even in its absence, to assure its residents a healthy and secure environment.

In the late 1980s, the then-Center for Environmental Health and Injury Control (CEHIC) at the Centers for Disease Control and Prevention (CDC) began supporting states to build their capacity for injury prevention. At its peak, about a dozen states had received this support. Some states built their programs without these grants, using funds from such sources as the Maternal and Child Health (Title V) Block Grant, the Preventive Health and Health Services Block Grant, state general or special funds, and others. In 1993, a number of states' injury prevention program directors developed the idea of forming a national organization of their peers, and the State and Territorial Injury Prevention Directors' Association (STIPDA) was formed. One of its most important products has been a document called *Safe States: Five Components of a Model State Injury Prevention Program & Three Phases of Program Development*. Soon thereafter, STIPDA entered into a Cooperative Agreement with the National Center for Injury Prevention and Control (NCIPC) at CDC. This cooperative agreement supports STIPDA in a number of activities.

In 1999, under the cooperative agreement, STIPDA developed a State Technical Assessment Team (STAT) project that supports the assessment of state level injury prevention programs. STIPDA leads this process by assembling a team of technical experts who have experience in development and implementation of state and local injury prevention programs. These experts demonstrate leadership and expertise through involvement in national organizations committed to the improvement of injury prevention programs throughout the country. Experience in similar geographic, political, and demographic situations is desirable.

The State Technical Assessment Team assembled in Juneau, AK on July 21-25, 2003. For the first day and a half, nineteen presenters invited by the Injury Surveillance and Prevention Program (ISAPP) provided in-depth briefings on the injury prevention activities in Alaska. Topics for review and discussion included the following:

- Infrastructure
- Data: Collection, Analysis and Dissemination

- Interventions: Design, Implementation and Evaluation
- Technical Support and Training
- Public Policy

Coordination and collaboration are crosscutting issues and are addressed in each of these component areas. In addition, there is attention to eliminating health disparities in injury outcomes.

The forum of presentation and discussion allowed the team the opportunity to ask questions regarding the status of the ISAPP, clarify any issues identified in the briefing materials provided earlier, identify barriers and facilitators to change, and develop a clear understanding of how injury prevention functions throughout Alaska. The team spent time with each presenter so as to review the status for each topic.

Following the briefings by presenters from ISAPP, public and private sector partners, and stakeholders in the injury prevention community, the team assessed the status of the ISAPP with respect to the STAT standard, summarized its findings, and developed a set of recommendations.

ACKNOWLEDGMENTS

The team would like to acknowledge the Alaska Department of Health and Social Services for its invitation and its support in conducting this assessment.

The team would like to thank all of the presenters for being candid and open regarding the status of injury prevention in Alaska. Each presenter was responsive to the questions posed by the team, which aided the reviewers in their evaluation.

Special recognition and thanks should be made regarding the efforts taken by Martha Moore, the rest of the ISAPP staff, and the briefing participants for their well-prepared and forthright presentations. In addition, the team applauds the well organized, comprehensive briefing material sent to the team members. A special thanks to Betty and Mark Johnson for their warm hospitality.

The statements made in this report are based on the input received. All team members agree with the recommendations as presented.

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EXECUTIVE SUMMARY

The Alaska Division of Public Health was one of the first state public health agencies to identify the importance of injury as a public health problem. More than 20 years ago, the Emergency Medical Services (EMS) Director recognized that the intrinsic hazards of the Alaska environment and the isolation of many residents combined with a culture that supported high-risk activities and attitudes to produce high injury rates. This led to the establishment of an injury prevention program, which was eventually mandated by Alaska Statute 18.08.010. Alaska developed some of the earliest successful state prevention programs in the nation, such as the marine safety education initiative begun in 1986. In the 1990's, unintentional injury death rates declined dramatically, although they are still much higher than US averages.

The current Alaska Injury Surveillance and Prevention Program (ISAPP) continues that legacy. The committed and experienced staff of 10 (nine filled, one vacant) is respected and valued by its partners. They provide data, training, and resources which support injury prevention work in communities throughout the state.

The ISAPP must continue to evolve in order to meet the state's on-going challenges. The program has never had stable funding and has been constrained by categorical grants. Notable exceptions to program specific funding are the use of Medicaid match funds to deliver programs to low income populations and the support of two prevention positions by the Maternal and Child Health Title V block grant. The ISAPP has focused primarily on unintentional childhood injury prevention.

Geography and limited local infrastructure make data collection in Alaska difficult. The development and support of the Alaska Trauma Registry by ISAPP is particularly impressive given those obstacles. This comprehensive and detailed dataset incorporates all of Alaska's acute care hospitals and gathers more information than is traditionally available from a hospital discharge data set. Its value is well-recognized. However, it is not adequately supported, leading to a lag in data availability—currently three years. Other key data sets are either less well used or not available.

Based on the information gleaned in this STAT visit, several themes have been identified to strengthen this pioneering program. They are encapsulated in several of the essential public health services identified by the American Public Health Association:

- Monitor health status to identify community health problems
- Inform, educate and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Assure a competent public health workforce
- Evaluate effectiveness, accessibility, and quality of population-based health services

Program leadership must identify how to make these essential services a reality in injury prevention. At this point in its development, ISAPP must organize and develop its injury prevention capacity along functional lines rather than specific injury categories.

Abbreviated recommendations to strengthen this program, organized functionally by core component follow.

Infrastructure recommendations

- Establish an Injury Prevention and Control Section within the Division of Public Health, inclusive of injury prevention, emergency medical services and injury epidemiology units.

- Seek sustainable funding sources proactively to support injury prevention program capacity, including state, regional, municipal and local infrastructure.

- Assess the skills and knowledge of ISAPP personnel and align positions to be congruent with core injury prevention functions. Establish two separate positions to manage the injury prevention unit and the injury epidemiology and surveillance unit. Develop an annual section workplan that clarifies individual roles and responsibilities, with staff involvement

- Establish a formal statewide external advisory group, including current and new partners.

- Develop, implement and evaluate a three to five year statewide injury prevention plan.

- Expand and diversify partnerships.

- Build the capacity of Anchorage and other municipalities to provide injury prevention leadership.

- Integrate Fatality Assessment and Control Evaluation (FACE) recommendations within ISAPP programs and dissemination strategies.

Data collection, analysis and dissemination recommendations

- Maintain the quality data collection procedures for the Alaska Trauma Registry and improve the timeliness of the final datasets.

- Acquire statewide emergency department injury data through the state hospital association, and provide capacity for the analysis of this data.

- Obtain access to the Medical Examiner data set on all fatal injuries as it is upgraded and computerized.

- Continue efforts to acquire emergency medical services data from ambulance units or fire departments, as applicable.

- Take advantage of the new design of the Behavioral Risk Factor Surveillance System to add questions on injury topics.

- Provide initial and periodic data summaries of fatal and non-fatal violent and unintentional injuries and risk factors to new injury prevention partners.

- Identify areas for collaboration with the Epidemiology Section to analyze injury data.

Intervention design, implementation and evaluation recommendations

- Shift the focus of ISAPP to capacity building including consulting, coordination, and training on the design, implementation, and evaluation of injury prevention programs.

- Articulate the role and function of ISAPP in violence prevention.

- Implement interventions that are data driven and address a wide range of populations and types of injuries. Embed social marketing strategies into these efforts to increase potential for social norm change.

- Access and promote the use of national resource centers to identify best practices.

- Identify opportunities to integrate injury prevention into other existing Department of Health and Social Services programs.

- Develop or enhance partnerships and communication with state agencies, as well as non-governmental organizations that have potential to be state leaders in injury prevention.

- Develop formal agreements with the Alaska Injury Prevention Center and the Alaska Native Tribal Health Consortium to implement and evaluate programs.

- Employ incentives to promote comprehensive strategies that include policy and environmental change.

- Develop and implement an evaluation plan for all programmatic areas, encompassing formative, process and impact, as well as outcome evaluation methods.

Technical support and training recommendations

- Conduct a formal assessment of staff skills and knowledge and develop individual training plans to assure proficiency in primary areas of responsibility.

- Use internal and external resources to develop an injury prevention training manual and provide a program orientation for new hires and staff reassigned to ISAPP.

- Provide appropriate educational opportunities for ISAPP staff and partners.

- Provide professional development opportunities for the injury program manager in public health leadership, organizational development, personnel management, and strategic planning.

- Catalog existing training resources in all regions of Alaska and identify gaps.

- Expand access to national injury prevention information and resources.

- Develop a comprehensive, systematic training plan for program staff and partners, the public, media, and policy makers.

- Utilize injury prevention partners as a resource for training and technical assistance in specific topic areas.

- Enhance the injury prevention program relationship with universities and colleges statewide.

Public policy recommendations

- Continue to provide data and best practice information to the DHSS leadership and legislators.

- Implement a process to regularly disseminate injury data, educate and encourage joint investment for injury and violence prevention.

- Disseminate information about promising injury prevention policies to stakeholders at the local level.

- Develop a policy chapter in the new injury prevention strategic plan that sets goals and measurable objectives.

- Empower constituencies to hold legislative Fact Finding Hearings on injury prevention issues.

- Submit a formal legislative concept to establish a special recurring account for local and state injury prevention.

- Provide training and education to constituency groups interested in pursuing policy change.

- Collaborate with the Department of Health and Social Services Division of Behavioral Health on the work of the Suicide Prevention Council.

INFRASTUCTURE

Standards

- In the state health department, there is a designated, functioning, core program which is responsible for providing leadership and coordination for injury prevention.

- Staffing is adequate to conduct a statewide injury prevention program.

- The injury prevention program takes action to obtain funding that is both adequate to support its core functions – data collection/ analysis/ dissemination, intervention design/implementation/evaluation, technical support and training, and public policy work – and commensurate with the nature and scope of the injury problem in the state.

Status

Injury* in Alaska is a threat to public health. The state has some of the highest injury fatality rates in the nation and injuries are the leading cause of death for Alaska's children, adolescents and young adults. There is also a glaring disparity in injury prevalence and death rates between Alaska Natives and the population as a whole. This fact must be highlighted and addressed.

Unintentional injury is included as a Leading Health Indicator for Healthy Alaskans 2010 and the Alaska Native Tribal Health Consortium (ANTHC) has identified injury prevention as a priority area in its 2000 – 2005 Strategic Plan. The Alaska Emergency Medical Services (EMS) Goals Document also places injury prevention among its 14 components for a successful EMS system.

The Alaska Injury Surveillance and Prevention Program (ISAPP) is the lead injury prevention agency and is currently located in the Alaska Department of Health and Social Services (DHSS), Division of Public Health (DPS), Section of Community Health and Emergency Medical Services (CHEMS). Although Alaska Statute 18.08.010 mandates public health injury prevention as a part of comprehensive trauma care and includes the collection of data related to traumatic injury, the injury prevention program lacks organizational prominence within the DHSS. This results in poor visibility and little recognition of injury prevention as a essential public health function. Elevating the injury prevention and control efforts to the Section level would reflect the state's injury severity and importance, raise the visibility of injury as a serious public health issue, and demonstrate DHSS' commitment to reduce injury morbidity and mortality in Alaska.

The Program has an approximate budget of $1.5 million from varied sources, primarily federal (e.g., Medicaid and matching general funds, (CDC), (HRSA), and (MCH) Block Grant). These federal grants support key injury prevention positions and several grants are scheduled to end in 2003, which places the stability of the program at risk. There are no recurring General Funds or "special accounts" which would lend fiscal stability to ISAPP infrastructure. Although ISAPP provides valuable injury prevention services for the Highway Safety Office (HSO), the program receives no HSO funds to support infrastructure.

* In this document, the word "injury" is used to connote all forms of intentional and unintentional injury.

The CHEMS Section Chief is a long time leader and advocate for injury prevention (STIPDA past President and Alaska State Injury Prevention Director). The ISAPP consists of nine highly dedicated injury prevention professionals, plus an additional position within the Program that currently is vacant. Currently, the Program Manager functions in competing roles as the leader of the Injury Surveillance and Prevention Unit and as the Trauma Registry Coordinator. Under DPH reorganization in July 2003, ISAPP gained two new staff members and the Family Violence Prevention Program. This incorporates a focus on intentional injury and provides an opportunity to include interpersonal violence prevention activities, including collaboration with the state's Rape Prevention Education Program and the Violence Against Women Act Program. The Statewide Suicide Prevention Council, an external group, recently released a draft Alaska Suicide Prevention Plan, which provides an opportunity to launch a comprehensive suicide prevention program in the state.

A focus was added to the CHEMS Unit with the recent move of the Alaska Fatality Assessment and Control Evaluation (FACE) project (funded under a CDC-NIOSH cooperative agreement to conduct "real time," multi-agency surveillance and conduct in-depth investigation of national and state targeted incidents on worker deaths) and the Alaska Seafood Processing Injury Assessment and Control Evaluation project (funded by a CDC grant to assess industry-related injury, illness, and hazard exposure to both permanent and transient workforces). Both projects will broaden the scope of epidemiologic and prevention activities and public health initiatives encompassed within the CHEMS unit.

The ISAPP completed the first Injury Prevention Plan in December 1994. However, the plan has not been used to guide program direction, track progress or address emerging injury problems. Program staff intends to complete a new plan for children and adolescents in September 2003 and has scheduled future strategic planning activities in late 2003. The ISAPP also lacks an internal strategic plan to guide injury prevention program development. Within ISAPP, there is a deficit of attention paid to the prevention of intentional (violence) injuries in the state.

The ISAPP utilizes the Alaska Trauma Registry extensively to support injury control. This effort is highly valued and praised by partners throughout the state and results in diverse and constant requests for data. Due to these increasing demands, the program manager position is unable to provide the required leadership to create a more comprehensive and inclusive view of injury in Alaska. A process to develop a unified vision, set priorities for resources, and establish broad-based collaborative and invested partnerships is lacking.

The ISAPP is primarily involved in injury prevention project implementation, determined by the scope of categorical grants. Program staff realizes the importance of local participation; however, with limited funding they are only able to award grants to communities for fire prevention, and this project ends in 2005. Partnership is demonstrated through participation in injury prevention and safety related boards, meetings and conferences. The ISAPP is recognized as an injury prevention resource in the state.

The Program has done an excellent job of collaborating with the Alaska's state and local SAFE KIDS Coalitions and chapters, the ANTHC, EMS, the State Fire Marshall's Office, and the Alaska Injury Prevention Center (AIPC). The ISAPP has developed a model Memorandum of Agreement with the Department of Public Safety (DPS), which could be expanded to include a more broad and diverse set of injury prevention partners throughout the state. Currently, the state lacks an injury

advisory structure and extensive coalition building to solidify and advocate for a strong core injury prevention program infrastructure in Alaska.

Recommendations

- Establish an Injury Prevention and Control Section within DPH, inclusive of injury prevention, EMS and injury epidemiology units.

- Seek sustainable funding sources proactively (e.g., recurring legislative special accounts, Highway Safety funds, permanently allocated federal block grant funds) to support the injury prevention program capacity statewide.

- Assess the skills and knowledge of ISAPP personnel and align positions to be congruent with core injury prevention functions. Establish two separate positions, one to manage the Injury Prevention unit and the other to manage the injury epidemiology and surveillance unit. As vacancies occur, work to increase the diversity of staff.

- Develop, with staff involvement, an annual section workplan, that clarifies individual roles and responsibilities.

- Establish a formal statewide injury prevention advisory group with a diverse multidisciplinary membership, including current and new partners (e.g., government and non-government entities, local communities, institutions of higher learning, consumers and advocates that represent high risk populations, such as alcohol and substance abuse, behavioral health, domestic violence shelters).

- Develop, implement and evaluate a 3 – 5 year statewide injury prevention plan, in collaboration with the injury prevention advisory group, with measurable intentional/unintentional injury prevention objectives. The plan should represent core injury prevention program components and include a vision, mission, and intervention strategies that are evidence-based and attentive to health disparities.

- Expand and diversify partner relationships statewide with other state agencies, community based organizations, local communities, and individuals committed to preventing injuries and creating safe communities.

- Build the capacity of Anchorage and other municipalities to provide injury prevention leadership and programs.

- FACE recommendations should be integrated within ISAPP programs and disseminations strategies.

DATA COLLECTION, ANALYSIS AND DISSEMINATION

Standards

- Consistent with *Consensus Recommendations for Injury Surveillance in State Health Department*, the injury prevention program conducts surveillance of the 14 recommended conditions, based on the 11 core data sets in order to identify injury priorities, risk factors, and populations at risk.

- The injury prevention program conducts injury prevention research to support effective program implementation.

- The injury prevention program maintains specific data collection activities that support program development and reflect state and local priorities.

- The injury prevention program collaborates with other agencies and groups to ensure the quality of their data, improve their utility for prevention purposes, and provide assistance in the development of data.

- The injury prevention program regularly monitors and reports disparities in injury outcomes.

- The injury prevention program disseminates data to relevant coalitions and partners, including other health department programs and all levels of government (state and local).

Status

In general, ISAPP has demonstrated an impressive capacity for data collection and analysis, given the small and diminishing resources available for this core component. The lead data analyst doubles as the Manager of ISAPP, and these dual responsibilities occasionally impede the program's capacity to collect and analyze data, and to be proactive in the dissemination of results. Nonetheless, this person was highly praised for her expertise, collaborative nature, and accessibility by all data users interviewed by the STAT team.

The ISAPP currently has access to five of the 11 Core Data Sets, including vital records, hospital discharge, Fatal Analysis Reporting System (FARS), Behavioral Risk Factor Surveillance System (BRFSS), and Youth Risk Behavior Surveillance System (YRBS). The Alaska Trauma Registry (ATR) is considered a highly enhanced hospital discharge dataset in this report. Access to Medical Examiner (ME) and emergency department (ED) injury data is expected in the near future, while access to EMS data may become available at a later time. The ISAPP does not use Child Death Review (CDR) data that is housed in the ME office. Analytic support for these data sources has been mainly the responsibility of the program manager, although an occupational injury epidemiologist has recently been transferred to CHEMS. Notably, the Section of Epidemiology does not appear to collaborate with the CHEMS Section.

The ISAPP regularly receives death certificate data from the Alaska Bureau of Vital Statistics (ABVS), and incorporates the data into their surveillance activities and reports. This data is currently linked to that from FARS, to provide more detailed information on traffic fatalities, including seat

belt use and alcohol involvement. There are intentions to further supplement this resource by linkage to data from other sources, including the ME, DPS, the Fire Marshall's Office, Boating Safety Office, Occupational Injury Prevention Program, and local media archives. Agreements to share data seem to be in place with all of these entities, which speaks to ISAPP's reputation for the skilled and responsible use of data. Data from the ME may be the most important source, and it is expected to become available after that office upgrades and computerizes its data system. However, central to these admirable linkage efforts is access to victim names, available from the ABVS. Written request was made for this data in May 2003, and is expected to be approved. At present, ISAPP only intends to perform this linkage for unintentional injury deaths, which are not linked to the ATR.

Dating to 1991, the ATR is one of the most important assets to ISAPP, and appears to have provided a focal point in both stimulating and maintaining partnerships with various organizations around the state. Data collection appears to capture nearly every injury-related admission to the state's 24 hospitals (approximately 3,200 cases annually). The ATR also contains informative data elements not found in most other discharge datasets, including alcohol and drug use and non-use of safety equipment such as seat belts, helmets, etc. However, some interviewees felt the alcohol information was under-utilized. ISAPP has commendably included quality control procedures in the collection of data and has performed periodic assessments of the accuracy and quality of the resulting data. There is a backlog of data from 1999 forward that needs to be cleaned and processed. This has adversely affected the timeliness of the ATR.

Recent interactions between CHEMS and the state hospital association of Alaska may result in the availability of ED injury data to ISAPP. A basic hospital discharge dataset will also be available, but this appears to add little to what is currently contained in the ATR, other than the ability to ascertain what percentage of all hospitalizations are injury related. Funds appear to be available to acquire the data, but analytical support has yet to be formally arranged. The ED data would be an important addition to the injury surveillance efforts of ISAPP, since Alaska has a small population and relatively small numbers of fatal and hospitalized injuries. ED treated injuries will probably outnumber those captured in the ATR by 10-fold, which will allow for more robust statistical descriptions and stable incidence rate estimates. Clearly, this data will not have the depth offered by the unique elements in the ATR, but will still contain valuable information.

The prospects of acquiring EMS data are less promising, although this is a stated goal of program staff and EMS colleagues. Efforts have already been made in this regard, but the geography of the state and the diverse composition of EMS providers, many of whom are volunteers, have led to disappointments. Members of CHEMS expressed guarded hope in new technological advances that may make EMS data collection a reality, but are taking a wait-and-see approach for now. Some interviewees thought EMS data would help to form and enhance injury prevention partnerships with EMS providers around the state. Additionally, the access of EMS data is the major hindrance in applying for a Crash Outcomes Data Evaluation System (CODES) project for Alaska, to link motor vehicle crash records to assess the medical consequences of crashes. It was noted that more EMS data is available from some providers (e.g., Anchorage municipality) than others in the outlying areas of the state.

It appears the ISAPP does not make regular use of the survey data collected through BRFSS and the YRBS. In the past, there has often been no opportunity or funding to include injury-specific questions on the BRFSS. However, the survey has been redesigned to allow for additional injury prevention questions. Weighted YRBS data will be available for Alaska student respondents,

although the response rates were apparently near the minimum requirement. The response rate also varied across different districts in the state, which further biases these data.

The ISAPP has a record of peer-reviewed publications and have documented numerous responses to requests for customized data reports, which were provided in a timely manner. In addition, the program produced a comprehensive report on serious and fatal injuries to Alaskan children from 1994 through 1998, although a similar report on victims of all ages is lacking. A number of STAT interviewees suggested ways ISAPP could further enhance their dissemination of data. Several noted that reports should clearly identify disparities to help better target interventions. It was noted repeatedly that localized reports would stimulate injury prevention activities at the small community level. Data that could be used to demonstrate the effectiveness of programs would be extremely valuable in ensuring the continued viability of those programs. ISAPP might consider preparing localized reports for certain key legislative districts, and highlight trends in the data, which seems particularly attractive to the media.

Recommendations

Although this report includes recommendations for the acquisition of new data and enhancement of existing data, the recommendations will not be realized without an increased commitment of personnel and related resources (see Infrastructure section above).

- Maintain the quality data collection procedures for the ATR. Improve the timeliness of the final datasets, which are currently three years behind, and produce reports and disseminate data on a regular basis.

- Acquire statewide emergency department injury data through the state hospital association, and provide capacity for the analysis of this data. Since this will be a new resource to ISAPP and the state, it is important that the quality of the data be assessed as soon as it is feasible.

- Obtain access to ME data as it is upgraded and computerized. Expand data collection to include all injury-related deaths, not just those due to unintentional injuries that were not captured in the ATR. This data should be supplemented with linked data from the other envisioned sources [e.g., DPS, Department of Transportation (DOT), Fire Marshall's Office)] as well as data from the Uniform Crime Reports (UCR) and data resulting from the psychological autopsies to be conducted under the auspices of the AIPC.

- Continue efforts to acquire EMS data from ambulance units (or fire departments, as applicable) around the state. Utilize the data to inform and support localized injury prevention initiatives, including those conducted through EMS providers.

- Take advantage of the new design of the BRFSS to add questions on injury topics, including suicide risk and smoke alarm use. Regularly utilize survey data from the BRFSS and YRBS, within the limits of their respective quality, to provide otherwise unobtainable information on injury-related beliefs and behaviors.

- Provide initial and periodic data summaries of fatal and non-fatal violent and unintentional injuries and risk factors to stimulate and support collaborations with new injury prevention partners [e.g., criminal justice system, Department of Education (DOE), Risk Watch program

of the Fire Marshall's Office, University of Alaska School of Nursing College of Health and Social Welfare programs such as community nursing and geriatrics)].

- Identify areas for collaboration with the Epidemiology section to analyze injury data.

INTERVENTION DESIGN, IMPLEMENTATION AND EVALUATION

Standards

- The injury prevention program collaborates with internal and external stakeholders, reflective of the state's diverse populations, to promote the development, implementation and evaluation of injury prevention interventions.

- The injury prevention program's interventions address a wide range of populations and injuries.

- The selection and design of interventions is informed by needs assessments, asset assessments, and data on disparities in morbidity, mortality, and risk factors.

- The injury prevention program staff adopts effective or promising approaches and considers feasibility and acceptability when developing intervention plans.

- Attention is given to fitting injury prevention interventions into a culturally appropriate framework of norms, values, roles, and practices.

- All injury prevention interventions are designed to include plans for multi-faceted evaluation and dissemination of evaluation findings.

- A comprehensive intervention approach is utilized at state, local, and community levels.

- The state injury prevention program supports and monitors injury prevention activities at the local level.

- The injury prevention program identifies, selects and establishes collaborative agreements with agencies and individuals to implement injury prevention interventions.

- The injury prevention program facilitates the development of state interventions and intervention components that complement the injury prevention program's goals and objectives.

- Progress in achieving the objectives of the state injury prevention plan or agenda is monitored by state injury prevention staff and stakeholders.

Status

The ISAPP implements a broad array of unintentional injury prevention programs in collaboration with its network of partners, which is key to success in an expansive, sparsely populated state with scarce resources. Prevention efforts focus predominantly on Alaskan children. Child passenger safety promotion (CPS) is conducted statewide, utilizing two CPS safety vans, more that 150 National Highway Traffic Safety Administration (NHTSA) certified technicians, and an innovative safety/booster seat distribution program for Medicaid-eligible children. Medicaid also contributes to the "Injury Prevention in a Bag" Program in which home visitors are trained to perform safety reviews, provide safety education and install safety devices to high-risk households. This strategy has recently been expanded, utilizing HRSA's Rural Flexibility Program Funds, to include first responders who install safety devices and refer families to appropriate resources if they require follow-up.

The ISAPP's menu of programs also includes smoke alarm and ski helmet promotion and distribution; dissemination of educational materials in conjunction with the Oregon Poison Center (contracts to provide service to Alaskans); the "Be Safe, Be Seen" reflector program for youngsters walking as early darkness descends in the fall and winter months; and the proven effective, interdepartmental "Kids Don't Float Loaner Board Program," which provides personal floatation devices at harbors and public boat access areas. When funding is available, mini-grants are awarded to public and private non-profit community-based organizations. These small grants are typically used to purchase safety devices and equipment. The ISAPP Program funds are also used to purchase safety devices and equipment for Alaska SAFE KIDS coalitions and chapters. It is unclear as to what extent external and/or private resources are, or could be, used to supply these products.

Too often, ISAPP is pressed into service to provide labor intensive, hands-on local intervention support (e.g., providing direct services that could more efficiently be delivered by local partners). This approach can be problematic in that it focuses on day-to-day operational efforts rather than on broader program accomplishments. Unfortunately, no comprehensive plan exists to disseminate effective intervention practices to local, state and national audiences.

The ISAPP has capitalized on increased access to other units and programs within CHEMS. Trauma registry data is used to help frame injury priorities, and ISAPP staff work effectively with EMS responders and constituencies served by EMS. For instance, ISAPP is currently working through the regional EMS organizations to implement the "Injury Prevention in a Bag" program for EMS providers. Previously, EMS trained first responders as gatekeepers to intervene with individuals who attempted suicide. This was one of three model programs across the nation; although it appears that EMS has not sustained this effort.

The ISAPP recognizes the importance of collaboration and integration of effort among DPH programs and the MCH funded childhood injury prevention position is a prime example of this successful cross-program collaboration. The Healthy Families home safety inspections are also good examples. The ISAPP has concentrated recent efforts on developing injury prevention capacity. This process includes establishing a network of injury prevention mini-experts within Public Health Nursing, EMS, Healthy Families and the Community Health Aide Program, in a variety of settings.

Collaboration with ISAPP's current injury prevention partners is commendable and valued. The ISAPP most often joins with AIPC, ANTHC, and SAFE KIDS coalitions and chapters to provide local interventions. It is unclear why additional local partners, such as the City of Anchorage, are not solicited more routinely to help implement intervention activities. More substantial involvement and inclusion of community-based, minority and other constituent organizations would allow for more diverse input and partnerships.

The ISAPP collaborates with other state and federal agencies, such as the Office of the State Fire Marshall, the Boating Safety Office, Department of Natural Resources, and the US Coast Guard. The ISAPP also works with the Highway Safety Office but only on CPS Technician and Instructor training and child safety seat fitting stations. It was noted repeatedly by STAT interviewees that many entities would welcome more communication initiated by ISAPP, especially related to the opportunities to assess and develop a response to emerging injury issues.

Interventions currently being implemented do not take full advantage of opportunities to ensure sustainability, such as promoting institutional changes to obtain widespread adoption of preventive behaviors. Researching successful models used by other states to achieve behavior change could enhance the effectiveness of ISAPP efforts in these areas.

The ISAPP states that it includes evaluation as a component in all of its work. Staff relies on process and impact evaluation of interventions that are grant-funded; their contractual programs are expected to perform a similar level of evaluation. Formative and qualitative assessment and evaluation, such as focus groups, interviews, and key informant surveys, have not been routinely utilized to inform the design, development, and implementation of programs for diverse audience. ISAPP does not have designated personnel to develop and oversee a program-wide evaluation plan.

Recommendations

- Shift the focus of ISAPP to capacity building, including consultation, coordination and training on the design, implementation, and evaluation of injury prevention programs.

- Articulate the role and function of ISAPP in violence prevention. This is particularly important considering that the Family Violence Prevention provider-training program was recently relocated in ISAPP. Focus should emphasize primary prevention and address suicide and interpersonal violence.

- Implement interventions that are data driven and address a wide range of populations and types of injuries (e.g., falls in older adults, suicide among adolescents, and domestic violence among Native Americans). Embed social marketing strategies into these efforts to increase potential for social norm change.

- Access and promote the use of national resource centers (e.g., Children's Safety Network and the National Suicide Prevention Resource Center) to identify best practices. Expand the use of and evaluate culturally competent and community-determined mini-grant programs (expand fire safety model).

- Identify opportunities to integrate injury prevention activities into other existing DHSS programs (e.g., incorporate age-appropriate safety messages with childhood immunization program or include violence prevention strategies in AIDS programs).

- Develop or enhance partnerships and communication with state agencies, as well as non-governmental organizations with potential to be state leaders in injury prevention (e.g., agencies representing the disability community, directors of area agencies on aging). A possible outcome is a collaborative relationship with Department of Education, which would result in a joint application for a CDC-funded Division of Adolescent and School Health (DASH) Infrastructure grant.

- Develop formal agreements with AIPC and the ANTHC to effectively implement and evaluate programs, in order to avoid duplication and increase opportunities to maximize talents and resources.

- Employ incentives (e.g., focused mini-grants, safety equipment) to promote comprehensive strategies that include both policy and environmental change in addition to education and dissemination of literature.

- Develop and implement an evaluation plan for all programmatic areas, encompassing formative, process and impact, as well as outcome evaluation methods.

TECHNICAL SUPPORT AND TRAINING

Standards

- The injury prevention program staff members have direct access to adequate information resources.

- State health department's injury program staff receives injury prevention orientation, basic injury prevention training, on-the-job training, and continuing education.

- The injury prevention program provides practical injury prevention training (at the basic and advanced levels) to professionals (state and local), students, and the public.

- The injury prevention program provides proactive and reactive technical support.

- The injury prevention program integrates injury prevention and the public health approach into the training of other disciplines.

- The injury prevention program builds the capacity of "minority" serving organizations to deliver injury prevention interventions to their own constituencies.

Status

The ISAPP staff has taken advantage of many in-state training opportunities, have attracted national injury prevention experts to speak at state conferences, and have made substantial progress in their mission of training injury prevention experts in related health fields who have access to Alaska's high-risk population.

INTERNAL
All professional staff has graduate level education, three of which have their master's degrees in public health; one is a PhD with a concentration in injury epidemiology. All staff members have been in their injury-related positions for two years or more. Staff members are well prepared with introductory level training in injury control -- five through participation in the Summer Institute on Injury Prevention at Johns Hopkins University and all have taken the Indian Health Service Injury Prevention 101 course.

All staff participated in a two-day orientation when the staff came together as a unit, but a specific orientation manual for ISAPP has not been developed. Staff members take advantage of injury prevention training through in-state conferences and meetings as the opportunity arises. Restrictions on out-of-state travel have precluded participation in more advanced training programs. Staff members are well versed on selected injury content areas like child passenger safety, fire safety, home safety and water safety, but appear to lack capacity in program evaluation, social marketing, media advocacy, coalition development and other areas that are critical to sustaining a more comprehensive injury prevention program. Specific training related to violence prevention, other than domestic violence, is not evident. Although several staff members have a background in working with Native populations, it appears that ISAPP could benefit from additional cultural diversity training in conjunction with one of their partners, the Alaska Native Tribal Health Consortium (ANTHC). Such training is vital to building relationships within small rural communities as well as municipalities and marshalling the resources to address their unique needs.

Continued professional growth in public health skills and in emerging injury prevention issues would be beneficial to the staff and the development of a more comprehensive injury prevention program. Although an assessment of staff skills and knowledge has not been undertaken, it appears that staff should receive more preparation in the following areas: program evaluation, social marketing, media advocacy, coalition building, leadership and management training.

Professional growth opportunities may be available through departments in the academic center in Anchorage, through training and mentoring within the DHSS, or through web-based courses. It may be necessary to attend out-of-state programs like the one-week summer injury epidemiology course at the University of Michigan, the multi-week advanced training offered by the Indian Health Services (IHS), public health leadership institute or other management training.

The age of the internet has greatly enhanced education and training opportunities in Alaska. Each ISAPP staff member has full Internet and e-mail accessibility. The Unit utilizes both general and topic-specific injury information from various electronic mailing lists such as STIPDA, Children's Safety Network, SafetyLit abstracts, etc. A staff person has been designated to monitor list serves and websites and circulates this information to interested parties. The ISAPP maintains an active website for sharing information and resources on injury prevention activities across the state. The electronic capacity of local partners and constituents is inconsistent. Staff members have had access

to 25 public health journal subscriptions, but due to budget issues, all subscriptions are to be terminated pending implementation of a special approval process.

EXTERNAL
The injury prevention program has provided technical support and data to graduate students who have used the ATR for Masters' theses, dissertations or school projects. Internships, preceptorships and practicums have not been offered to students. The injury prevention program has not conducted assessments of the training needs of local agencies and public health providers. However, several trainings and conferences have been co-sponsored or coordinated by ISAPP and their partners. These include the Tenth International Conference on Safe Communities in Anchorage in 2001, a four-day Introductory Injury Prevention Course at the University of Alaska, Anchorage in 2002; the annual EMS Symposium Injury Prevention Track; and, numerous programs within the state to teach specific skills related to injury prevention topics such as drowning, child passenger safety, fire safety, snowmobile safety, and suicide prevention gatekeeper training. The 2003 annual meeting of the Alaska Public Health Association will, for the first time, feature a one-day pre-conference and a two-day track on injury prevention. Given that attendance is expected to be 300 village health staff from different disciplines, this may provide an opportunity to conduct assessments of training and technical support needs.

The University of Alaska, School of Nursing in the College of Health and Social Welfare in Anchorage has interwoven injury prevention into courses in basic health promotion and disease prevention, community health and the senior year course on groups at risk. These efforts were started by a former faculty member, and staff maintains a focus on injury prevention as time and competing interests permit. Because of time and resource constraints, nursing faculty were not able to attend the four-day injury course offered at the university last year. It is beneficial that ISAPP staff work to maintain an injury prevention presence at the university. There are also resources for training ISAPP staff in a variety of disciplines at the university (e.g., program evaluation is offered in the social work program).

The ISAPP has effectively accessed potential training opportunities and resources that arise. Injury prevention has been integrated into the routine training of EMS providers, public health nurses, home visitors and community health aides. However, there is no systematic approach for internal and external training and technical assistance provided to potential partners, communities and the public.

The ISAPP has developed training materials (e.g., protocols, manuals, audio-visuals and training exercises) and has a library of training materials on injury topics such as general child safety as well as specific safety topics relating to playgrounds, car seats, consumer products, fires, and natural disasters. It is not clear how their availability is promoted to the public.

As previously described, ISAPP's electronic capacity is used both internally and externally. The weekly continuing education programs of the Alaska Public Health Training Network are a potential vehicle to enhance the knowledge, skills and expertise of new partners and community agencies, but ISAPP use is limited by fiscal constraints. Currently, the only listing related to the prevention of injuries in its program broadcasts is on building leadership and commitment to sexual violence prevention. It appears that ISAPP has not contacted national injury research and resource centers in other states about the availability of training videos related to specific injury prevention topics or to specific skills such as program evaluation or media advocacy.

The new Arctic Health public website sponsored by the University of Alaska Health Sciences Information Service will address concerns of residents of northern regions of Alaska. The developers specifically cite unintentional injuries, suicide and homicide is mentioned as a need of this population.

The ISAPP receives frequent requests for technical assistance related to data and surveillance. These requests are addressed primarily with data from the ATR using the expertise of one staff member. Although data requests are systematically tracked and logged, a comparable and quantitative tracking system for other forms of technical assistance is not evident.

Recommendations

- Conduct a formal assessment of staff skills and knowledge and develop individual training plans to assure proficiency in primary areas of responsibility.

- Use internal and external resources to develop an injury prevention training manual and provide a program orientation for new hires and staff reassigned to ISAPP.

- Provide appropriate educational opportunities for ISAPP staff and partners in the following areas:
    - program evaluation especially formative evaluation
    - social marketing
    - media advocacy
    - coalition development
    - cultural competency
    - public health leadership
    - data analysis
    - writing for publication
    - alcohol as a risk for injury
    - intentional injuries
    - school violence (especially bullying prevention)
    - the interrelationship among different forms of violence
    - injury prevention in the elderly, and
    - at least one additional staff member should be familiar with and skilled in accessing and using injury data sources.

- Provide professional development opportunities for the injury program manager in public health leadership, organizational development, personnel management, and strategic planning.

- Catalog existing training resources in all regions of Alaska and identify gaps.

- Expand access to national injury prevention information and resources by including and monitoring additional web sites, web-based training, and list serves; developing a dissemination plan for information; using sites to identify professional video courses; and seeking funding to add elements to the Alaska Public Health Training Network.

- Develop a comprehensive, systematic training plan for ISAPP staff and partners, the public, media, and policy makers. For example, assist the Arctic Health website to address the injury prevention needs of residents.

- Utilize injury prevention partners as a resource for training and technical assistance in specific topic areas rather than providing direct services out of the ISAPP. Record and monitor the frequency and types of service requests and use them for program planning, training, and evaluation.

- Enhance the injury prevention program relationship with universities and colleges statewide (e.g., incorporate injury prevention into the new geriatric center curricula at the University of Alaska in Anchorage and actively seek interns and graduate students to promote an interest in injury prevention.

PUBLIC POLICY

Standards

- The injury prevention program has access to policy-makers to achieve injury prevention program goals.

- The injury prevention program staff generates and disseminates information on the effectiveness of existing state and local policies related to injury prevention.

- The injury prevention program reviews proposed legislation.

- The injury prevention program collaborates with all appropriate partners, reflective of the state's diverse populations, to promote policies, legislation, and regulations related to selected injury prevention issues.

- The injury prevention program participates in the process of policy development to support injury prevention.

Status

Established DHSS protocols are used by ISAPP to testify on behalf of the department, provide information, technical advice and recommendations as appropriate and primarily in a reactive mode. Most injury-related bills are referred to ISAPP for analysis and comment. If an appropriate bill is not referred, the program will proactively ask to review it. The ISAPP is routinely asked for recommendations on the merits or disadvantages of pending legislation.

The ISAPP itself does not develop and submit legislative initiatives. However, suggestions are made for administratively introduced legislation, and these suggestions are based on research and collaboration with partners. Some recent recommendations include a primary seat belt law, graduated licensing and booster seat legislation (which were not successful this year). In addition, ISAPP communicates with their partners about the progress of injury prevention legislation and hearing schedules and provides topic specific data and educational information as requested by

community partners. However, there was no evidence of the provision of education on policy development. A proactive effort to educate legislators about the issue of injury and violence prevention and/or the accomplishments of the ISAPP was not demonstrated.

The staff of ISAPP participates on a variety of boards and commissions at the state and local levels, including SAFE KIDS, the Alaska Marine Safety Education Association Board, Alaska Traumatic Brain Injury (TBI) Advisory Board, Denali Safety Council, Alaska Injury Prevention Center (AIPC) Advisory Board, and the Trauma System Review Committee. The Suicide Prevention Council does not include ISAPP. However, they have been asked to review and comment on the draft Suicide Prevention Plan.

On the national level, the Section Chief is the immediate past President of STIPDA and currently serves as its Policy Committee Chairperson. In the role of STIPDA President, the Section Chief served on the Advisory Committee on Injury Prevention and Control for the CDC. An ISAPP member serves on the American Association of Poison Control Centers' Public Education Committee.

There have been some efforts to evaluate the effectiveness of injury prevention legislation, but these efforts have been hampered by problems related to low injury incidence numbers. Most of the published information provided to STAT on policy evaluation was written by a partner at the Alaska Injury Prevention Center. The ISAPP has participated in the design and implementation of observation studies to evaluate the effects of policy on safety equipment use. In addition, ISAPP has published cost-benefit data on the financial consequences of teen driving crashes.

The program has also supported local efforts for policy development, such as the ordinances established by the Cities of Nome and Barrow requiring helmet use when riding an ATV, snow machine or bicycle, and the municipality of Fairbank's ordinance that made seat belt non-use a primary offense and increased the fine. No information was provided to STAT regarding other existing policies at the state or local levels. Although ISAPP is involved in policy activities, these activities are not derived from current strategic plans.

Recommendations

- Continue to provide data and best practice information to the DHSS leadership and legislators.

- Develop the capacity to respond to legislative issues with localized data summaries that include state and national comparisons, and trend data.

- Produce a briefing document outlining the issues, needs and successes of ISAPP for the DHSS strategic planning meeting in August, 2003. Include a status summary of Title V performance measures and Healthy People Objectives.

- Implement an ongoing process to regularly disseminate injury data, educate and encourage joint investment for injury and violence prevention to:
    - Demonstrate that injury is a major public health problem,
    - Develop a stronger and broader injury prevention constituency,

    - Utilize local "faces" of injury to highlight successes (e.g., local child saved by installation of smoke alarm provided by ISAPP).

- Disseminate information about promising injury prevention policies to local-level stakeholders.

- Develop a Policy Chapter in the new Injury Prevention and Control Strategic Plan that sets goals and measurable objectives to:
    - Provide policy-related education and evaluation of injury prevention laws, regulations, and policies
    - Train constituents and partners in policy development
    - Tell local stories to personalize injury events
    - Conduct media advocacy
    - Develop a formal relationship with AIPC to evaluate policy
    - Develop policy approaches to emerging issues and geographic, ethnic, sexual orientation, and age disparities

- Empower constituencies to hold legislative Fact Finding Hearings on injury prevention issues of concern to Alaskans (e.g., suicide or domestic violence prevention). Showcase local data and proven or promising interventions.

- Submit a formal legislative concept to establish a special recurring account (e.g., utilizing a non- general funds source of revenue such as fines generated from motor vehicle infractions) for local and state injury prevention.

- Provide training and education to constituency groups interested in pursuing policy change.

- Collaborate with the DHSS Division of Behavioral Health on the work of the Suicide Prevention Council.